

Application Data Sheet**Application Information**

Application Type::	National Stage
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	N-DEACETYLTHTIOLCHICINE DERIVATIVES, THEIR USE AND PHARMACEUTICAL FORMULATIONS CONTAINING THEM
Attorney Docket Number::	2503-1226
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	0
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: ITALY
Status:: Full Capacity
Given Name:: EZIO
Middle Name::
Family Name:: BOMBARDELLI
Name Suffix::
City of Residence:: GROPPELLO CAIROLI
State or Province of
Residence::
Country of Residence:: ITALY
Street of Mailing VIA GABETTA, 13
Address::
City of Mailing Address:: GROPPELLO CAIROLI
State or Province of Mailing Address::
Country of Mailing Address:: ITALY
Postal or Zip Code of Mailing Address:: I-27027

Applicant Authority Type:: Inventor
Primary Citizenship Country:: ITALY
Status:: Full Capacity
Given Name:: GABRIELE
Middle Name::
Family Name:: FONTANA
Name Suffix::
City of Residence:: MILANO
State or Province of
Residence::
Country of Residence:: ITALY
Street of Mailing VIALE ORTLES, 12
Address::
City of Mailing Address:: MILANO

State or Province of Mailing Address::
Country of Mailing Address:: ITALY
Postal or Zip Code of Mailing Address:: I-20139

Correspondence Information

Correspondence Customer 00466
Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/EP2005/000987	2/1/05

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
ITALY	MI2004A000164	2/3/04	Yes

Assignment Information

Assignee Name::
Street of Mailing
Address::
City of Mailing Address::
State or Province of Mailing Address::
Country of Mailing Address::
Postal or Zip Code of Mailing Address::